

Committee Name (print)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
SOUTHERN NEVADA DENTAL SOCIETY 6889 W. CHARLESTON BLVD STE C LAS VEGAS, NV 89117	10-18-00	1,000 - 2,000 -		
PARK PLACE ENTERTAINMENT 3930 HOWARD HUGHES PKY #480 LAS VEGAS NV 89109	10-18-00	1,000 -		
REPUBLIC SERVICES LAS VEGAS NV - 89198-8508	10-18-00	500.00		
NEVADA DENTAL HYGIENISTS 2467 SWAN RIDGE DR HENDERSON, NV. 89014	10-25-00	1,000 -		
NEVADA DENTAL ASSOC 6889 W. CHARLESTON STE B LAS VEGAS NV 89117	10-9-00	5,000 -		

This page may be copied or duplicated if additional space is needed.

Committee Name (print)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
NONE	

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
NONE	

This page may be copied or duplicated if additional space is needed.

Committee Name (print)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	0
Expenses related to volunteers	B	0
Expenses related to travel	C	0
Expenses related to advertising	D	\$8554. ⁵⁰
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

Committee Name (print)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
PRINT MASTERS	PROMOTIONAL	10-9-00	\$654. ⁵⁰
Joyce AND ASSOCIATES	promotional	10-18-00	\$7,900. ⁰⁰

This page may be copied or duplicated if additional space is needed.

